

**EFFECTIVENESS OF VIDEO TEACHING PROGRAM ON
PRACTICE OF POST OPERATIVE EXERCISES AND THE
FACTORS INFLUENCING NON-COMPLIANCE AMONG
ELECTIVE LSCS MOTHERS, IN SELECTED HOSPITAL, AT
MADURAI DISTRICT, TAMILNADU**



**A DISSERTATION SUBMITTED TO THE TAMILNADU Dr.
M.G.R MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE
OF
MASTER OF SCIENCE IN NURSING**

APRIL-2011

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**By,
D. Shiny Mary**



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(Affiliated to the TN DR.M.G.R. Medical University)

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APRIL-2011

ACKNOWLEDGEMENT

I wish to cherish my heartfelt gratitude to GOD ALMIGHTY for his abundant grace, love, wisdom, knowledge, strength and blessing in making this study successful and fruitful.

I wish to express my sincere thanks to Mr. **JEYAKUMAR , M. A,B. L.**, founder chairman and Mrs. **JEYAPACKIAM JEYAKUMAR , M.A.**, Bursar of MATHA MEMORIAL EDUCATIONAL TRUST, MANAMADURAI for their unstinted support, encouragement and providing the required facilities for the successful completion of this study.

I am extremely grateful to Professor **Mrs. JEBAMANI AUGUSTINE M.Sc (N) ,R.N.R.M**, DEAN, Head of the department of Medical Surgical Nursing, Matha college of Nursing, Manamadurai, for her erudition elegant pointed direction and valuable suggestion in completing this study.

It is my pleasure and privilege to express my sincere thanks to Professor. **Mrs. SHABERA BANU, M.SC.,(N) (Ph.D)** principal and Head of the Department of Obstetrics and Gynaecological Nursing, Matha College of Nursing for her valuable guidance and support throughout this study.

I extend my special thanks to Professor **Mrs. KALAI GURU SELVI M.Sc (N)**, Vice principal, Head of the Dept of Paediatric Nursing Matha college of Nursing, Manamadurai, for her valuable suggestions and advice given throughout this study.

I offer my earnest gratitude to my guide, Professor. **Mrs. THAMARAI SELVI, M.SC.(N),(Ph.D)** Additional vice principal

Department of Obstetrics and gynaecological Nursing, Matha college of Nursing, for her constant guidance ,great concern, immense help and support without which the study would never have taken this commendable shape and form.

I wish to acknowledge my thanks to **Mrs.ARULMOZHI M.Sc (N), Ms. AMALA NAMBIKKAI M.Sc (N)** Lecturer, Matha college of Nursing, Manamadurai for their support and guidance

I acknowledge my thanks to Associate Professor. **Mrs. BHARATHA SORUBA RANI M.Sc (N)** and all faculty of Matha college of Nursing, Manamadurai for their support and guidance.

I am thankful to the **LIBRARIANS** of Matha college of Nursing, Manamadurai for their help with literature work and for extending library facilities throughout the study.

I owe my sincere thanks profoundly to **Dr. Mr.DUR AISAMY**, PhD. Professor of Biostatistics, for his immense help and guidance in statistical analysis.

My special thanks to the Chief doctor of **INFANT JESUS HOSPITAL, MADURAI** for granting permission to conduct the study in the Hospital.

I reminisce those mother for their love and co-operation during the process of data collection and interaction with them. I always cherish those moments with them.

I record my thanks to **Dr. P. VENUGOPALAN** for his help in editing the manuscript.

I am very thankful to **SAI COMMUNICATIONS**, Manamadurai for their sincere effort, patience, and fullest cooperation and help to bring this study into printed form.

I am proud to acknowledge the love, support and prayers of my parent **Mr.DEVA DHASON**, **Mrs. MARIA MATHALENAL** and I thank my loving brother **Mr.VINS** and my lovable sister **Mrs. SHARLA ARIUS**.

This would have not been possible to complete the study without the cooperation of **MY FRIENDS** and special thanks to all my batch mates

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ABSTRACT

STATEMENT OF THE PROBLEM

A study to determine effectiveness of video teaching program on practice of post operative exercises and the factors influencing non-compliance among elective LSCS mothers in the selected hospitals at Madurai District, Tamilnadu.

RESEARCH METHODOLOGY

A quantitative approach was used for this study. The study population was mothers planned for elective LSCS. The sample size consists of 60 Antenatal mothers who are planned to undergo elective LSCS and those mothers who have undergone elective LSCS. Purposive sampling technique was used to select the samples. Pre experimental design was used for this study. The data collection tool was having three sections. Section: 1 demographic data, Section:2 observational check list to assess the practice, Section: 3 structured questionnaire used to find out the factors influencing non compliance on postoperative exercise . Conceptual framework used for this study is based on Von Bertalanffy general system model. The content validity and reliability were established for the entire tool. The pilot study was conducted to find out the feasibility of the main study. The collected data analyzed by using descriptive and inferential statistics.

OBJECTIVES OF THE STUDY

- ❖ To determine the effectiveness of video teaching program on the practice of postoperative exercises.

- ❖ To find out the factors influencing non-compliance on post operative exercises among elective LSCS mothers.
- ❖ To relate the practice with factors influencing non-compliance on postoperative exercises among elective LSCS mother's.
- ❖ To associate the practice of postoperative exercises with demographic variables such as age, education, occupation, parity, type of family, residence and source of information on post operative exercises.
- ❖ To associate the factors influencing non-compliance with demographic variables such as age, education, occupation, parity, type of family, residence and source of information on post operative exercises.

HYPOTHESES

- * There is a significant relationship between the practice and factors influencing non-compliance on postoperative exercises among elective LSCS mothers.
- * There is a significant association between practices of postoperative exercises among elective LSCS mothers with selected demographic variables.
- * There is a significant association between factors influencing non-compliance on postoperative exercises among elective LSCS mothers with selected demographic variables.

MAJOR FINDINGS OF THE STUDY

- Majority of 22(36%) postoperative mothers were between the age of 26 - 30 years
- Most of 32(53%) postoperative mothers completed school education. Only 8(13%) were illiterate

- Only 16(27%) postoperative mothers were employed others are house makers.
- Nearly 18(30%) were primi gravid. All others were multi gravid.
- Majority of postoperative mother 47(78%) belonged to joint family. All others belonged to nuclear family.
- Only 18(30%) lived in urban area. Forty two (70%) lived in rural area.
- More over 39(65%) of postoperative mothers got information on postoperative exercises through their relatives and 21(35%) from mass media.
- Level of practice was graded as adequate, moderately adequate and inadequate after video teaching program. Eleven (18%) had adequate practice 37(62%) had moderately adequate practice and 12(20%) had inadequate practice.
- Factors influencing non-compliance classified into favourable, moderately favourable and unfavourable after the video teaching program. Three (5%) had favourable factors, 48(80%) had moderately favourable factors and 9(15%) had unfavourable factors.
- When the factors increases, the practice will be decreased. The indirect correlation was found between Practice and factors. Hence it was interpreted that, when the factors increases, the practice will be decreased.

RECOMMENDATIONS FOR FURTHER RESEARCH

Based on the study findings, it is recommended that

1. A similar study can be conducted by using large samples for the purpose of generalization.

2. A study can be conducted among the same population before introducing the instructional module.
3. A study can be conducted among medical and paramedical professionals to reveal the existing level of knowledge regarding postoperative exercises.
4. A similar study can be conducted on knowledge, attitude and beliefs of postnatal exercises in relieving minor ailments in the postnatal period

CONCLUSION

There are so many determinants to promote health status of the citizens. Among that age is the most important determinant in influencing their attitude towards education. These postoperative exercises helps to maintained the health status and prevent some minor disorders during the puerperium. By the way, it promotes the health status following the life period. Therefore, it could be insisted by the health care personnel in the health care settings. Therefore, the researcher concluded that literacy is the very important weapon to change their practices towards health.

CHAPTER – I

INTRODUCTION

“The key to the heaven is under the mother’s footstep”

-A persian.

The postnatal period is a natural condition six transformative weeks full of excitement, planning at the unfolding of life. Every woman wants to enjoy with the baby, the joyful experience of the postnatal period but not always joyful in this period, sometimes it is associated with minor problems. It is one of the vital events, which needs special care to the postnatal period.

The postnatal period represents a challenging mix of potentials. There are positive cardio vascular changes associated with pregnancies that continue for some time following childbirth, providing the mother with survival enhancements during this stressful period. However, motherhood also produces the greater barriers to exercise participation of any roles in life. Modern social structure can leads to a lifestyle that is detrimental to physical and psychological well being without informal social support, institutional support for child care, education, healthy behavior, safe environment and transformation of women in a variety of setting undergo lifestyle and psychological changes that leads to postpartum weight gain, inactivity, isolation and depression. For all these solutions postnatal women need to do exercises. (Helenatal, 2005).

Every year 7th April is designated as world health day, with the objective of increasing awareness of specific subjective of health. Move for health is the slogan of world health day of 2002. The idea is to raise consciousness that regular physical activity is the key effort to improve the health of the people, in order to prevent the large number of diseases associated with the sedentary lifestyles. (WHO 2002)

A good exercise program can give strength and endurance; it needs to maintain a physical structure after delivery. It will also make it much easier to get back to the shape of before the pregnancy.

Physical exercise is essential for the maintenance of normal life. Lack of natural exercise is one of the chief causes of weakness and ill health. Exercise has become a vital art many women's lives. However, theoretic concerns have been raised about the safety form of exercise during postnatal period. (Eugen sandow)

Regular exercises plays an important role in the right against stress. It provides recreation and mental reliability, besides keeping the baby physically and mentally fit, it is naturally best tranquilizer. The postnatal mother should be advised about exercise and physical fitness

Majority of problems experienced during postnatal period can be related to hormonal or physiological changes and ineffectiveness of exercises. Factors like tiredness, pain, numbness, discomfort, anxiety and bleeding are responsible for reducing the practice of postnatal exercises during postnatal period.

Postnatal exercise is maintain a physical well being of women. The postnatal exercise is reflecting in reducing maternal problems like backache, edema, anxiety and urinary incontinence and so on. Effective exercise can lead a better life of the postnatal mother.

During postnatal period, exercise is very important; because it is maintaining a physical wellbeing and reducing the possibility of backache, edema, discomfort and urinary incontinence and so on.

More gentle exercises such as walking, aqua- aerobics and yoga are also beneficial. Wear comfortable non-restricting clothing, appropriate walking shoes and good comfortable, supportive bra. Important exercises such as warming –up exercises, stretch exercises, foot exercises, arm and shoulder exercises, abdominal exercises, back exercises and pelvic floor exercise.

The reasons for toning the pelvic floor muscles are to minimize the effects of incontinence in the postnatal period .Give added support to the back and the spinal cord, thus offering more in the way of comfort during postnatal period well toned pelvic floor muscles, also aid in preventing prolapsed uterus during postnatal period.

Most women who have just given birth are extremely interested in regarding their non-pregnant figures. Post partum exercises can begin soon after birth, although the women should be encouraged to start with simple exercise and gradually progress to more strenuous ones.

Essential health education on postnatal exercise is necessary. This can be shared with the maternity unit of the hospital or in an alternative birth centre. This can help every postnatal mother to lead a healthy life style. The curative aspects like relieving edema and backaches also the

function of nursing agency and by doing postnatal exercises, the maternal wellbeing is achieved.

Postpartum exercise may be initiated postnatally to promote recovery and prevent complications and strengthen the muscles of the back, pelvic floor and abdomen. Exercise should be started on third postoperative day and is to be continued for 45 days twice daily.

NEED FOR STUDY

Those who do not find time for exercise will have to find time for illness – Earl of Derby

According to worldwide statistics each year over 200 million women become pregnant. The WHO estimates the rate of LSCS at between 10 and 15% of all births in developed countries. In developing countries the public health network, the LSCS rate reaches 35%, while in private hospitals the rate approaches 80%.

Physical fitness is neglected in India and in other developing countries because a large section of the people has to engage in hand physical labor to earn their living. However, as we will learn, heavy physical labor does not necessarily produce physical fitness. Physical exercises increases vitality and the ability to overcome stress. It promotes health, prevents certain disorders and cure some illness. (Shyam2001)

Studies have shown that 17 in every 20 women develop health problems of one kind or another after delivery. (Mac Arthur et al 2001).

Poor physical activity leads to more than 2 million deaths per year around the world. Insufficient physical exercises doubles the risk of cardiovascular diseases, diabetes, obesity and substantially increases the

risk of high B.P, lipid disorders, colon cancer, osteoporosis, depression and anxiety. (WHO 2002).

The problems of tiredness, pain, discomfort, excessive bleeding, anxiety, numbness and breast feeding problems, varicose veins, urinary incontinence and deep vein thrombosis usually manifests during first two weeks after delivery. Prevention of these problems arises ineffectiveness of postnatal exercises by nursing function; preventive aspects like preventing deep vein thrombosis, urinary incontinence and backache are the therapeutic self care demands. (Carolyn kisner 1998)

Curative aspects like relieving edema and relieving backache is also the function of the nursing agency and by doing postnatal exercise the maternal well being is achieved. In the first 1-2 days after childbirth, many women experience muscle fatigue and aches, particularly of the shoulders, neck and arms.

During the first few days, levels of the hormone relaxin gradually subside, and the ligaments and cartilage of the pelvis begin to return their pre pregnancy position. These changes can cause hip or joint pain which will interfere with ambulation and exercise. Good body mechanics and correct posture are extremely important during this time and shall prevent low backache and joint pain. (Trula mayers gorrie2000).

The physiological changes of puerperium occur gradually. Psychological changes occur not only in response to the psychological alteration that are occurring but also to the increasing responsibility associated with a new and completely dependent person to the family.

Many women are confused about whether they should or should not exercise during puerperium and if so, which exercise is safe or suitable. Lack of knowledge can lead to many postnatal women

abandoning their exercise regimes. During the postnatal period, postnatal women may experience many minor disorders like back pain, tiredness and leg cramps can be reduced by these selected postnatal exercises and relieving the minor disorders among primi gravida mother.

Exercise and physical activity are encouraged during pregnancy to maintain health, to increase energy, to prevent excessive weight gain and to keep the body in shape for labor, birth and beyond. Physical activity is also encouraged during the postpartum period, though women are advised to very slowly and over exciting themselves. Women who have an established exercise routine will be able to maintain higher levels of exercise during pregnancy and postpartum than women who have not exercised regularly prior to pregnancy. (Kirsten's 2000)

Postnatal exercise is an effective non-pharmacological means avoid minor problems in puerperium. This method might be one of the solutions, which could benefit the postnatal women in Africa, considering its low cost compared to the exorbitant lost of medicines and hospitalization.

During her clinical experience, the investigator found many mothers who were in postoperative ward had lack of practice about postoperative exercises. It was observed that there were some restrictions on ambulation. Few postnatal mothers expressed that they did n't want to wander and should lie on bed for a long period. The investigator had given health education regarding postoperative exercises. Even though, the mothers had not practiced the post operative exercises correctly because of some factors. The investigator found that, mothers who were influenced by factors, the practice was seem to be reduced.

In the light of the above facts, the investigator developed a genuine interest and felt the need for conducting the study on practice of postoperative exercises and the factors influencing non-compliance among elective LSCS mothers in selected hospitals at Madurai.

STATEMENT OF THE PROBLEM

A study to determine effectiveness of video teaching program on practice of postoperative exercises and the factors influencing non - compliance among elective LSCS mothers in the selected hospital at Madurai.

OBJECTIVES OF THE STUDY

- ☆ To determine the effectiveness of video teaching program on the practice of post operative exercises.
- ☆ To find out the factors influencing non-compliance on post operative exercises among elective LSCS mothers.
- ☆ To relate the practice with factors influencing non-compliance on postoperative exercises among elective LSCS mother's.
- ☆ To associate the practice of postoperative exercises with demographic variables such as age, education, occupation, parity, type of family, residence and source of information on post operative exercises.
- ☆ To associate the factors influencing non-compliance with demographic variables such as age, education, occupation, parity, type of family, residence and source of information on post operative exercises.

HYPOTHESES

- * There is a significant relationship between the practice and factors influencing non-compliance on postoperative exercises among elective LSCS mothers.
- * There is a significant association between practices of postoperative exercises among elective LSCS mothers with selected demographic variables.
- * There is a significant association between factors influencing non-compliance on postoperative exercises among elective LSCS mothers with selected demographic variables.

OPERATIONAL DEFINITION

EFFECTIVENESS

Mothers performing postoperative exercise, which is taught with the help of video teaching program as measured by observational checklist.

PRACTICE

Act of performing postoperative exercises by elective LSCS mothers regularly from 3rd post operative day to 9th post operative day.

POSTOPERATIVE EXERCISES

Physical activities performed for the sake of health after elective LSCS which includes abdominal tightening, pelvic tilt, pelvic floor, knee rolling and leg and foot exercises demonstrated with the help of video teaching program during antenatal period with return demonstration and expected to be practiced post operatively.

VIDEO TEACHING PROGRAM

It refers to systematically developed information prepared in compact disc form by the researcher to educate the elective LSCS mothers regarding postoperative exercises which include abdominal tightening, pelvic tilt, pelvic floor, knee rolling and leg and foot exercises.

FACTORS INFLUENCING NON-COMPLIANCE

It is a consequences and problems affecting the practice of postoperative exercises among elective LSCS mother, even after the video teaching program on postoperative exercises.

ELECTIVE LSCS MOTHERS

It refers to the mothers who are antenatally demonstrated postoperative exercises through video teaching program and observed postoperatively for the practice of the same.

ASSUMPTION

1. Postoperative exercises are useful to improve the circulation, strengthen the pelvic floor and abdominal muscles and prevent the transient and long-term problems.
2. Nurses are playing important role in imparting the practice of postoperative exercise.
3. The mothers are not performing the exercise due to pain, fatigue, discomfort etc even after the video teaching program.

LIMITATION

- The study is limited to the period of 6 weeks of data collection.
- The sample size is limited to 60 patients.

PROJECTED OUTCOME

- The study will provide a chance to demonstrate the postoperative exercises.
- The study will motivate mother to do exercises in the postoperative period.
- The study will help the mother to know the importance of postoperative exercises.
- The study findings will help the investigator to identify the factors influencing non-compliance faced by the mothers.
- The study will help to rectify the factors faced by the mothers.

CONCEPTUAL FRAME WORK

The conceptual framework is a group of related ideas, statements or concepts. The term conceptual model is often used interchangeably with conceptual frame work and sometimes with grand theories that articulate a broad range of the significant relationship among the concepts of a discipline (kozeir Barbara, 2005)

The conceptual framework for this study was derived from general system of model given by Von Ludwig Bertalanffy (1968).

According to this theory, a system is a set of components or units interacting with each other within a boundary that filters the type and range of exchange with the environment. All living systems are open in that there is a continual exchange of matters, energy, and information. In open system it receives input and gives back output in the form of matter, energy and information.

The present study aims at evaluating the effectiveness of video teaching on postoperative exercises and find out the factors influencing non-compliance among elective LSCS mothers. General system of theory is useful in breaking the whole process into sequential tasks to ensure goal realization Bertalanffy explained that the system has four major aspects.

I. Input

II. Throughput

III. Output

IV. Feedback

Input

It is the type of information, energy and material that enters the system from the environment through its boundaries. The assessment of the level of practice and find out the factors influencing non compliance on postoperative exercises among postoperative mothers done by using observational check list and structured questionnaire.

Here the input indicates video health program regarding postoperative exercises given to the mother who were in the antenatal period and the postoperative period.

Throughput

Is a process that allows the input to be changed therefore this is useful to the system. In this study throughput is a process of transformation of practice on postoperative exercises and feeling the need to do exercises among postoperative mothers.

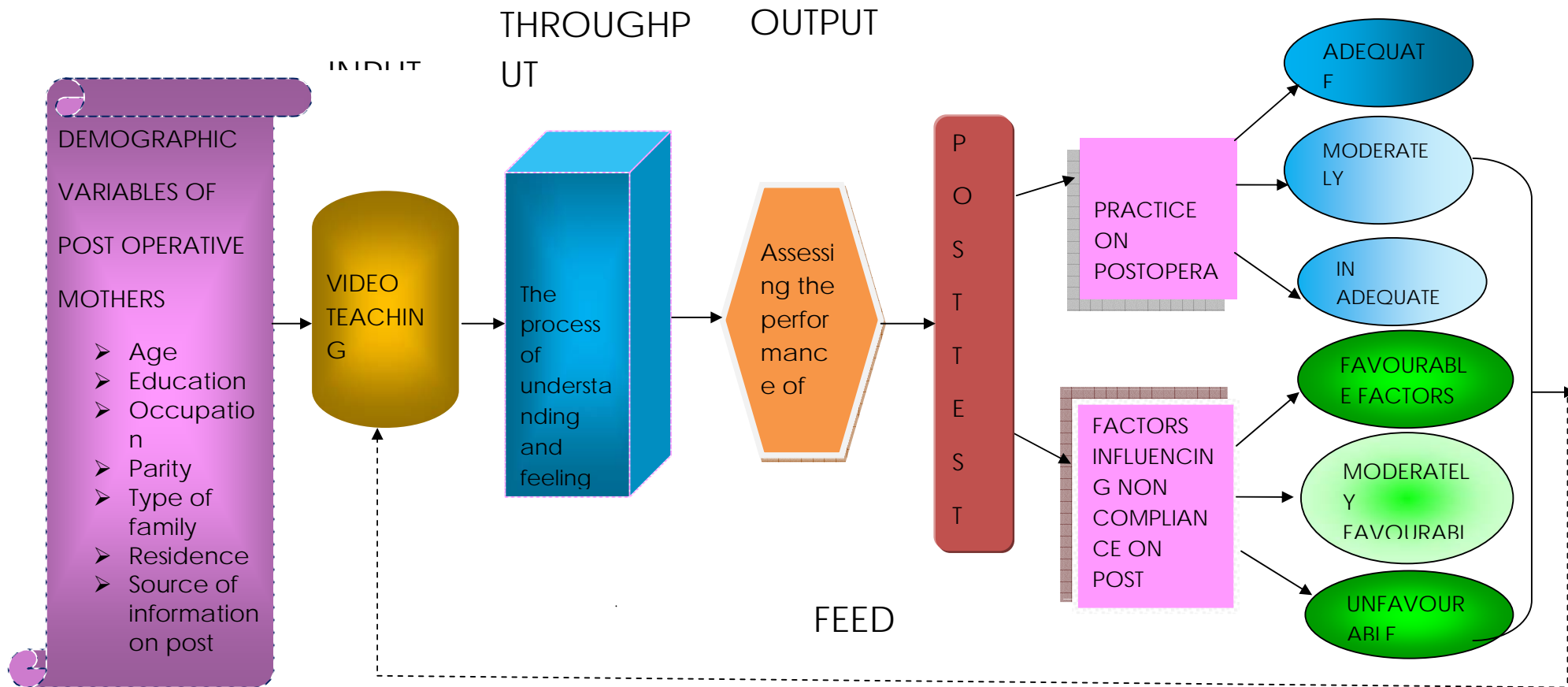
Output

Output is any information that leaves the system and enters the environment through the system boundaries. Output denotes the performance of exercises among elective LSCS mothers. In this study, output is assessed by the posttest conducted among postoperative mothers on practice of postoperative exercises, ie adequate, moderately adequate and inadequate practice using by an observational checklist and to find out the factors influencing non-compliance on assessed by structured questionnaire ie favourable, moderately favourable and unfavourable. The improved score gained by mother during posttest the effectiveness of video teaching program

Feedback

If the practice is moderately adequate and inadequate and factors influencing non compliance is moderately favourable and unfavourable a feedback can be given by re - administering the video teaching program on postoperative exercises

Figure -1 VON LUDWIG BERTANLAFFY'S (1968) GENERAL SYSTEM MODEL



CHAPTER - II

REVIEW OF LITERATURE

Health is the vital principle of bliss, and exercise of health

Review of literature is an important step in the development of a research project. It involves the systematic identification, location, scrutiny and summary of written materials that contain information on research problem. (Polit and Hungler 2000)

This chapter attempts to present a broad review of the study conducted, the methodology adopted and conclusion drawn by earlier investigations. It helps to study the problem in depth.

Related research literature was reviewed to broaden the understanding and to gain insight into the selected area under study. The review is organized in the following headings;

- 1) Literature related to postnatal care
- 2) Literature related to post natal exercises
- 3) Literature related to knowledge and practice of postnatal mothers towards postnatal exercises
- 4) Literature related to effectiveness of video teaching program.
- 5) Literature related to effectiveness of structured teaching program.
- 6) Literature related to effectiveness of postnatal exercises.

Literature related to postnatal care

Dumoulin. C (2006) conducted a study to evaluate the effect of difference program on prevention treatment of urinary incontinence immediately after delivery and in treatment of persistent incontinence. Intensive program prove more effective than standard postnatal care. As standard care does not reduce the prevalence of postnatal urinary incontinence, obstetrics services must address delivery of postnatal pelvic floor muscle training.

Mc Govern,P.etal(2006) suggested that a prospective cohort design with 5 weeks postpartum women to return to work soon after child birth postpartum health and evaluate employed women's recovery from child birth, in association with such factors as delivery type and breastfeeding. Eight hundred and seventy women were enrolled in the study. Women reported 16 postpartum symptoms most frequently fatigue (64%), breast discomfort (60%) and decrease desire of sex (52%). Findings showed LSCS Vs vaginal deliveries were associated with significantly worse physical function, role limitation and vitality. Findings showed that the effect of delivery type on physical health was moderately large. (Beta= -5.96 P= or<.01) and breastfeeding was associated with an increased frequency of postpartum symptoms (beta=4.63;P=.01). These mothers experimented several childbirth related symptoms at 5 weeks postpartum, indicating a need for ongoing rest and recovery. Health concerns were greater for women who were breast-feeding and for those babies were delivered by LSCS suggesting a need for greater support for these women and reassessment by the medical community of the progressively growing practice of LSCS deliveries.

O'Connell B. et al (2002) did a study to investigate the frequency, nature and experience of urinary incontinence in postnatal women. Surveys were employed by 224 women, 50% of whom indicated that they experienced accidental urine loss. The majority of women who had experienced any symptoms were moderately to greatly bothered by them. A variety of strategies was used to manage the problem. Forty-two percentage of women who experienced accidental urine loss had taken no action to care the problems. Women received information about urinary incontinence and pelvic floor exercises from a variety of health care professionals.

Literature related to postnatal exercises

Hay-Smith J, et al.(2008) conducted a comparative study to determine the effect of pelvic floor muscle training to usual antenatal and postnatal care on incontinence. Randomized or quasi- randomized trials in pregnant or postnatal women. Pelvic floor muscle training program was given. There is some evidence that PFMT in women having their first baby prevents urinary incontinence in late pregnancy and postpartum.

Fine and Burgio (2008) conducted a prospective multicentre cohort study on teaching and practicing of pelvic floor muscle exercise(PFME) before and after delivery. Seven hundred and ninety nine primiparous women were selected. More white women(75%) were taught PFME than were Asian women(48%), American women(36%) , Hispanic women (39%, $P<0.0001$). More women with college education(74%) were taught, compared with women without a college education(37%, $P<0.0001$).

Daley A.J et al (2007) suggested that the evidence regarding the potential role of exercise particularly walking as an adjunctive treatment for postpartum depression. Observational evidence suggest that postpartum women whom were depressed, they have decrease participation to do the exercise. There is plausible mechanism by which exercise could have such an effect. Limited evidence supports a relationship between participation in exercise and reduction in post partum depression.

Lee Is (2006) conducted a study to investigate the effectiveness of pelvic floor muscle exercise using biofeedback and electrical stimulation after normal vaginal delivery. This study suggested that the pelvic floor muscle exercise using biofeedback and electrical stimulation might be a safer and more effective program for reinforcing pelvic floor muscle after normal delivery.

Symons downs (2004) did a retrospective study of 74 postpartum women was conducted to examine women's behavioral normative and control beliefs about exercising during postpartum and determines their most salient beliefs. In addition, postpartum exercise behavior was examined. We found that the most common exercise beliefs during postpartum were that exercise controls weight gain and a lack of time obstructed exercise participation. Researcher and health care professionals are encouraged to examine and understand women's belief about exercising during their postpartum and design. These interventions accordingly in an attempt to increase women's exercise behavior during their child-bearing years.

Literature related to knowledge and practice of postnatal mothers towards postnatal exercises

Chimelli (2003) conducted a study to assess the women's knowledge, practice and intention regarding pelvic floor exercises by using a sample of 720 postpartum women in Australia, they concluded that despite good knowledge of the required frequency of pelvic floor exercise, a few women practice them regularly over their life time and many apparently perceiving pelvic floor exercise as relevant only to the child birth years. This implies that health professionals should address these gaps in women's knowledge and practices. He also demonstrated the efficacy of pelvic floor exercise for the prevention and treatment of female urinary incontinence.

Mottola (2002) explained about the exercise in the postpartum period practical applications. Pregnancy, birth and the postpartum period are important events in the reproductive lives of women. Exercise guidelines existed for pregnancy but recommendations for exercise during the postpartum period are virtually nonexistent. It is important to examine theoretic concerns and potential benefits of exercise during this period. He suggested that future research should address the impact of exercise and lactation on bone mineral density, nutrition status and weight loss, cardio vascular strength and how to optimize health promotion during the post partum period.

Olson (2001) conducted a study to examine the relationship between psychological characteristics, and changes in exercise and food intake of women during the first year of postpartum. The result shows

that higher exercise, self efficacy and the intentions to exercise were associated with more frequent exercise first year postpartum intervention. The aim to help women in getting regular exercise should focus on self efficacy specific to the targeted behavior, strengthening exercise increase the self efficacy by providing postpartum women with mastery experience of setting realistic exercise goals.

Literature related to effectiveness of video teaching program

The definition adopted by **John.M.Last** is the process by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance or restoration of health

This commutation has been found to have a high educational value in programmed like mother and child health in health promotion. For example

Tani Botticelli, A.et al.,(2005) conducted a study aimed to investigate the effectiveness of computer based video support system during practical training of manual skills and competencies related to periodontal treatment. Eighty four students were randomized into 9 groups: 5 experimental and 4 control groups. Overall, the students in the experimental group performed significantly better than their colleagues in the control group. Specifically, the group that utilize the VTS video support performed significantly better in 9 of the 21 procedures tested. These result suggest that this computer based video support can be an effective aid in the teaching of manual skills related to oral health care.

Babalola Isiaka (2000) was conducted to determine the effectiveness of video in comparison with selected instructional media for teaching primary school pupils Agriculture and Environmental sciences.

It also examined the effect of gender and grade on the performance of the pupils taught with four instructional media. Non-randomised quasi pretest and posttest experimental design was used in conducting the study. This design involves administering an achievement test to the pupils before and after teaching the topics. The study was conducted in Badagry local government area of Lagos state. Performance of the pupils in each treatment group in the achievement tests. The mean net gain score, which is difference between the pretest and the posttest, was computed for the four treatment groups. The video group is slightly higher than the Regalia group (56.75 and 56% respectively). The chart group scored 44 percent while the no instructional media scored 36.75 percent.

Literature related to effectiveness of structured teaching program

Fritel et al (2008) studied the prevention of urinary incontinence by prenatal pelvic floor exercise. Female urinary incontinence is a frequent affection that generates handicap and express. There is a link between urinary incontinence and puerperium. Onset of urinary incontinence during puerperium is a risk factor for permanent urinary incontinence. Postnatal pelvic floor exercise has shown efficacy to improve postnatal urinary incontinence.

Pamu (2004) revealed that postnatal mother to whom structured teaching was given in the experimental group had better practices compared to postnatal mothers who were not given any structured teaching in the control group. She recommended that a study can be done exclusively on postnatal exercise during the post natal period. She also said that structured teaching can be given in the form of a package on

selected aspects on postnatal exercise techniques and position can be demonstrated

Chindada (2000) revealed that the majority of 23 (64%) mother's did not know about the exercise during the postnatal period. She found that there was limited knowledge about exercise and 41 (82%) of the mother's know the exercise, which were to be avoided. She conducted that postnatal mother's to whom structured teaching was given in the experimental had better practices compared to postnatal mothers who were not given any structured teaching in control group.

Literature related to effectiveness of postnatal exercises

Janssens et al (2007) described as pelvic floor exercise regarding continence. The onset of contraction of the superficial and deep pelvic floor muscle was recorded by perineal and intravaginal surface tomography in 32 continent and 50 incontinent women. The agreement between perineal and intravaginal recordings was calculated by statistics. They concluded perineal and intravaginal myography recording used to define the onset of muscle activity showed a high level of agreement.

Richer et al (2007) stated the effectiveness of teaching and practicing pelvic floor muscle exercises in primi parous during the post natal period. Primiparous women (759) with term single tone delivery were interviewed 6 months after delivery. Result 64% of women had been taught pelvic floor muscle exercise mist with verbal (76%) and written instructions (55%) and a few (10%) during pelvic examination. It revealed that tremendous potential for the improvement of the pelvic floor muscle exercise education and targeting at risk women in the peripartam women.

Berzuck(2006) stated that a strong pelvic floor how nurses can spread the word. The pelvic floor contains muscle that supports continence, sexual functioning, childbirth and more. Yet only few people know these muscles exist or how with important they are to overall health and wellbeing. Therefore, nurses can educate and empower women of all ages about its important role in many aspects of their health and wellbeing.

Whitfordetal, (2006) conducted a study using postnatal postal questionnaire to 257 women during 6-12 months after delivery. One hundred and sixty three women were responded (63.4%). They concluded that pelvic floor exercise after delivery, they practiced and relieved from the incontinence of urine.

Gorbea et al (2004) conducted a study to assess the effect of pelvic floor exercise during pregnancy and puerperium on prevention of urinary stress incontinence. The study was made with nulliparous, pregnant women who realized pelvic exercise during pregnancy after birth. Seventy-two women were studied 52.7% realized pelvic floor exercise and 47.2% did not. Result of the urinary stress incontinence frequency at the 28 gestational week in the no exercises group was 17.2% and at the 35 gestational weeks of 47%and at 6 weeks after childbirth was of 47% while in the exercise group was0.0 and 18% respectively. More over there was statistically significant difference between both groups regarding the presence urinary stress incontinence. The result of the study reveals that the pelvic floor exercises during pregnancy and after childbirth prevent the urinary stress incontinence at this time.

Arokosi et al , (2004) studied the activities of lumbar, paraspinal and abdominal muscle during therapeutic exercise in chronic low back pain patients, to assess the activities during therapeutic exercise for the treatment of patients with non specific chronic back pain and to study the effects of active physical rehabilitation on these activities. Results showed that the chronic low back pain patients performed therapeutic exercise with similar abdominal and back extensor muscle activities in the same way in the healthy subject, active physical rehabilitation had no effect on the abdominal and back muscle activities or on pain and functional disability index.

Samselle (2003) stated that kegal exercise can be performed with a full bladder. The mother should be able to jump up and ride in the legs apart and cough deeply, without leaking urine. It is performed by a normal delivery mother from 2nd to 3rd day after delivery throughout the postnatal period.

CHAPTER - III

RESEARCH METHODOLOGY

**True enjoyment comes from activity of the mind and exercise of the
body; the two are united**

-Alexander von Humboldt

The methodology of research indicates the general pattern to gather empirical data for the problem under investigation. This chapter comprises methodology of the study, the research design, setting of the study, sample, technique of data collection, description of tool, validity of the tool, reliability of the tool, pilot study, and procedure for data collection and plan for analysis of data. The present study aimed at determine the effectiveness of video teaching program on postoperative exercises and the factors influencing non-compliance among elective LSCS mothers.

RESEARCH APPROACH

The quantitative research approach was used for this study.

RESEARCH DESIGN

Pre experimental design was used for this study.

SETTING OF THE STUDY

The study was conducted in Infant Jesus hospital at Madurai which is situated 50 KM away from Matha College of Nursing. Dr. RAJA M.S founded this hospital in the year of 1992. The study was conducted in the outpatient department and the postoperative ward. Daily around 75 antenatal mothers had come for the regular check up in an outpatient

department. Around four elective LSCS is being conducted by the doctor every day. There is twenty staff members employed in the hospital permanently. This hospital consists of 50 beds. This hospital provide free service for those who poor and needy.

SAMPLING

POPULATION

The target population of the study was mothers planned for elective LSCS

SAMPLE SIZE

It consists of 60 antenatal mothers who are planned to undergo elective LSCS and those mother who have undergone elective LSCS in the selected hospital.

SAMPLING TECHNIQUE

Purposive sampling technique was used to select the sample.

CRITERIA FOR SELECTION OF THE SAMPLE

INCLUSION CRITERIA

- ✚ Mothers those who are coming for the OPD for elective LSCS.
- ✚ Both primi & multi para mothers.
- ✚ Mother who are willing to participate in the study.

EXCLUSION CRITERIA

- Mother who were not willing to participate in the study
- Mothers who are having heart disease, pregnancy induced hypertension, gestational diabetes mellitus etc.

DESCRIPTION OF TOOLS/INSTRUMENT

Tools were prepared based on the related literature such as previous tools, journals, past experience and experts opinion.

Section-1:

Consists of demographic data including age, education, occupation and parity, type of family, residence and source of information on postoperative exercises.

Section-2:

Observational checklist used to identify the practices in performing postoperative exercises after the video teaching program. It consists of five exercises. Each exercise carries five steps.

Section-3:

Structured questionnaire used to assess the factors influencing non-compliance on postoperative exercises after video teaching program. It consists of 10 factors.

SCORINGPROCEDURE

Section-2:

This section consists of five exercises. Each exercise consists of five steps. Each step carries 2, 1, 0 score. Practices are observed for 3 days (3rd, 4th, 5th postoperative day). Average score for three days is 10. Total score is 50. Practice score was interpreted as follows

Score	Level of practice
0-29	Inadequate practice
30-34	Moderately adequate practice
35-50	Adequate practice

Section- 3;

Structured questionnaire contains 10 Factors. Each question carries one mark. Total score is 10. Factor score was interpreted as follows

Score	Level of factors
0-3	Favourable factors
4-7	Moderately favourable factors
8-10	Unfavourable factors

DEVELOPMENT OF VIDEO TEACHING PROGRAMME

Teaching plan is a guide for the researcher to cover the completely with the proper sequence of points without missing anything. Steps involved in development of self instruction module is,

- a) Framing outline for video teaching program
- b) Preparing a content
- c) Designing the video teaching program in a compact disc form

Framing outline for video teaching program

The video teaching program is introduced by the investigator on the basis of postoperative exercises and highlights the importance as well as the areas to gain practice for abdominal tightening, pelvic tilt, pelvic rocking, knee rolling and foot and leg exercises.

Preparing the content

The researcher has prepared the video teaching program from literature regarding postoperative exercises with consultation from subject experts. The content include in the video display regarding post operative exercises such as abdominal tightening, pelvic tilt, pelvic rock, knee rolling and foot and leg exercises.

Designing the video teaching program in a compact disc format

The video teaching program is designed based on Observational checklist such as abdominal tightening, pelvic tilt, pelvic rock, knee rolling and leg and foot exercises and concluded with researcher involvement.

TESTING OF THE TOOL

Validity

The observational checklist, structured questionnaire and demographic data was developed by the investigator based on the review of literature. Four experts from the nursing field and one from the medical field evaluated the tool for content validity based on their suggestions and recommendations modification done and after establishing the validity of experts the tool was translated into Tamil again translated into English to validate the language.

Reliability

The test and retest method was used to establish the reliability of observational checklist and structured questionnaire to assess the practice and the factors influencing non-compliance on postoperative exercises among elective LSCS mothers. The reliability value which was found for practice is 0.85 and the tool for findout the factors influencing non - compliance is 0.93

PILOT STUDY

The pilot study was conducted with the view of assessing the feasibility of the study to determine the flaws in the study design and to decide plan for data analysis. Prior administrative permission was obtained for sampling from Infant Jesus hospital at Madurai. Six mothers who are planning to do LSCS and who met the inclusion criteria were selected by using purposive sampling method. The video teaching program was shown and explained to the mothers. Third day after the surgery, again the video teaching program has shown, explained and made motivation and interest to do exercise to the mothers. Then the

investigator assesses the practice through observational checklist in the postoperative period. It has taken around 20 to 30 minutes for the investigator to complete the observational checklist and the mother need 5 minutes to find out the factors influencing non-compliance on postoperative exercises. The same procedure was carried out for next two days. Samples were adequate to conduct the main study in same hospital. Hence the formal permission was obtained from administrator of the same hospital. The subjects included in the pilot study were excluded in the main study. Pilot study confirmed that the final study is feasible.

DATA COLLECTION PROCEDURE

The data collection was scheduled from June to July for 6 weeks. Before the data collection the investigator obtained the formal permission from the administrator of Infant Jesus hospital, Madurai to conduct the study. The investigator visited the hospital on the given date and introduced to concerned doctor and the administrator of the hospital and the purpose of the study was explained to the mothers.

In Infant Jesus Hospital every month mothers would come for the antenatal check up. In obstetrics and gynaecology out patient department, the investigator had identified the samples through the charts, doctor reports and the scan reports. Then the investigator has identified the particular date of those samples who should be admitted for elective LSCS. Along with that, the investigator had gone for nursing rounds to check whether those samples had been admitted or not. Data was collected in the manner of 10-12 samples per week. On the day of admission video teaching program was shown, taught, encouraged motivated to the samples to begin to practice on the third post operative day. Video teaching program was repeated again on the third

postoperative day. Followed by that samples assessed by their practice and the factors that were influencing the non-compliance were found out by providing questionnaire to the samples. This same procedure was followed in the next two days. The time taken to interview each sample was 20 to 30 minutes. After giving thanks to the respondents, the data collection procedure was terminated. The investigator found no difficulties during data collection.

PLAN FOR DATA ANALYSIS

The data to be analyzed is planned on the basis of objectives and hypothesis of the study. The data obtained is analyzed using descriptive and inferential statistics such as mean, standard deviation, frequency percentage, correlation and Chi-square.

Sl. No	Data analysis	Methods	Remarks
1.	Descriptive statistics	Mean, Mean percentage and standard deviation	Determination of demographic variables. Assessed existing level of practice and find out the factors influencing non-compliance among elective LSCS mothers.
2.	Inferential statistics	Karl pearson	Relationship between the practice and the factors influencing non-compliance among elective LSCS mothers.
		Chi-Square	Association between the demographic variables and level of practice and factors influencing non-compliance among elective LSCS mothers

PROTECTION OF HUMAN RIGHTS

The study was done after the approval of dissertation committee. Permission was obtained from the management of Hospital. Verbal consent was obtained from the study subjects and the purpose of the study was explained to each subjects and the data collected were kept confidential.

CHAPTER - IV

ANALYSIS AND INTERPRETATION OF DATA

**It is exercise alone supports the spirits, and keeps the
mind in vigor - Cicero**

Analysis is a process of organizing and synthesizing data in such a way that research questions can be answered and hypothesis tested.

(Polit and Hungler , 2000)

This chapter deals with analysis and interpretation of data collected from 60 postoperative mothers in Infant Jesus hospital at Madurai. They were selected by purposive sampling technique.

Abdulla and Levine (1979) have stated that the interpretation of tabulated data can bring to light the real meaning of the findings of the study. The data collected through semi structured interview schedule were analyzed by using descriptive and inferential statistics, which are necessary to provide a substantives summary of results in relation to the objectives

PRESENTATION OF DATA

The collected data were organized, tabulated, analyzed and presented under following six headings

SECTION 1

Frequency and percentage distribution of samples according to selected demographic variables

SECTION 2

Percentage distribution of samples according to practice score

SECTION 3

Percentage distribution of samples according to factors score

SECTION 4

Relationship between practice and the factors influencing non-compliance on postoperative exercises

SECTION 5

Association between practice on postoperative exercises and selected demographic variables

SECTION 6

Association between the factors influencing non-compliance on postoperative exercises and selected demographic variables

SECTION 1

This section deals with frequency and percentage distribution of samples according to the demographic variables

TABLE 1

Frequency and percentage distribution of samples according to the demographic variables

S. No	Demographic data	Frequency (no=60)	Percentage
1.	Age		
	Less than 20years	7	12
	20 to 25years	16	27
	26 to 30 years	22	36
	More than 30 years	15	25
2.	Education		
	Illiterate	8	13
	School education	32	53
	Graduate	20	34
3.	Occupation		
	Working mother	16	27
	Non working mother	44	73
4.	Parity		
	Primi	18	30
	Multi	42	70
5.	Type of family		
	Nuclear	13	22
	Joint	47	78

6.	Residence		
	Urban	18	30
	Rural	42	70
7.	Source of information		
	Mass media	21	35
	From relatives	39	65

Table 1 shows the summary of demographic variables of samples. Each variable explain the following.

When considering the age of postoperative mothers, 7(12%) post operative mothers were below 20 years,16(27%)were found between 20 to 25 years,22(36%) were found between 26 to 30 years and 15(25%)were more than 30 years.

Regarding the education of postoperative mothers, Illiterate 8(13%), School education 32(53%) and Graduate 20(30%) respectively.

With regard to Occupation 16(27%) were working mothers, 44(73%) were non-working mothers.

When considering the parity of postoperative mothers, 18(30%) postoperative mothers were primi para mothers and 42(70%) postoperative mothers were multi para mothers.

Considering the type of family, 13(22%) have been living in nuclear family and 47 (78%) have been living in joint family.

About the residence 18(30%) Postoperative mothers were living in an urban area and 42(70%) were living in rural area.

Regarding the source of information on postoperative exercises, 21(35%) got an information from mass media and 39(65%) got information from their relatives.

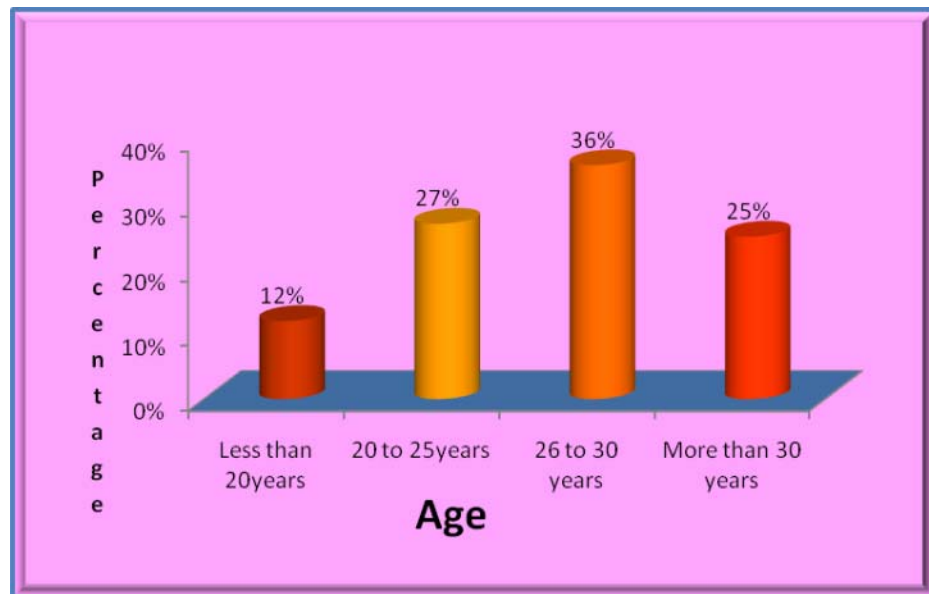
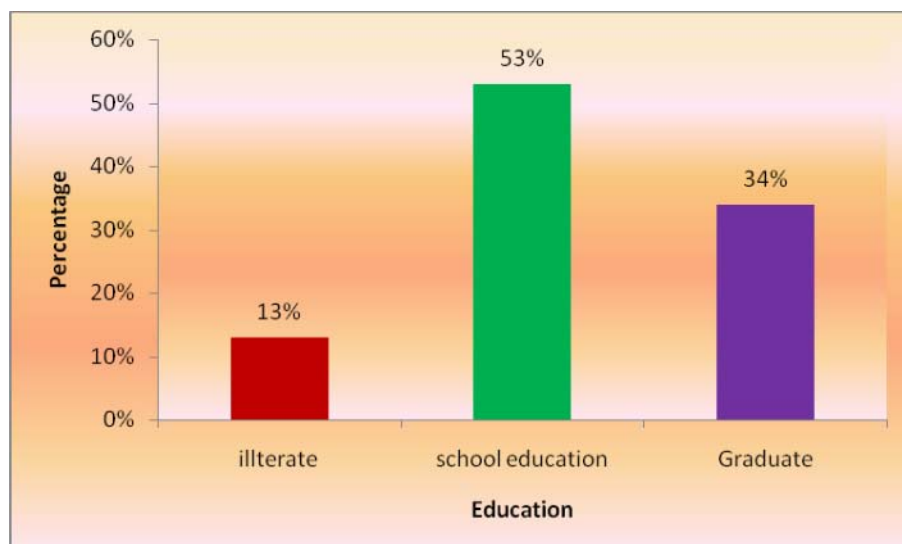
FIGURE-2; Percentage distribution of samples according to Age**FIGURE-3; Percentage distribution of samples according to Education**

FIGURE- 4 ; Percentage distribution of samples according to Occupation

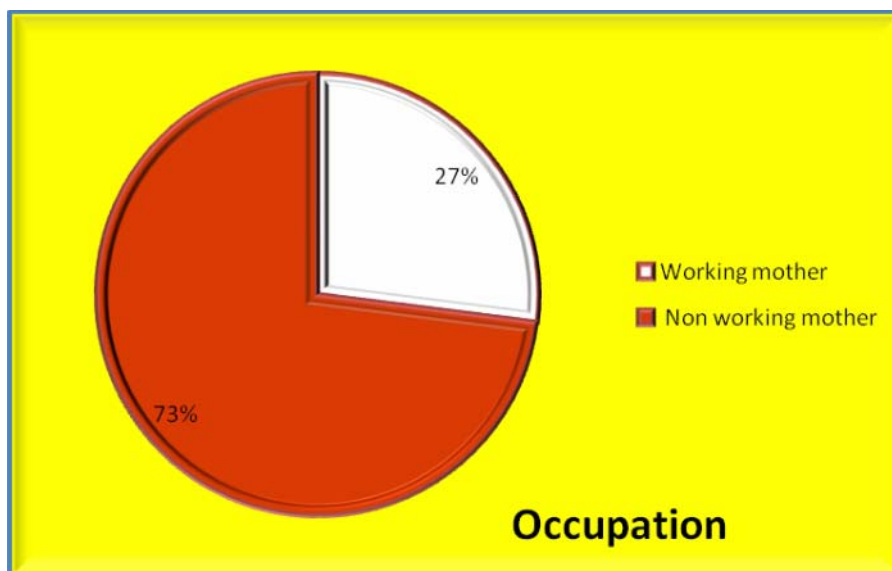


FIGURE- 5; Percentage distribution of sample according to Parity

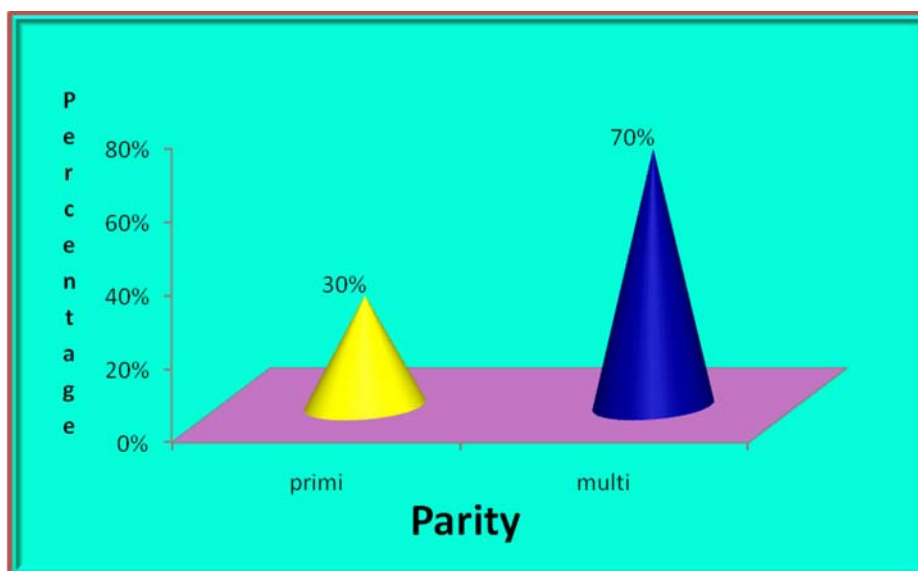


FIGURE -6; Percentage distribution of sample according to Type of family

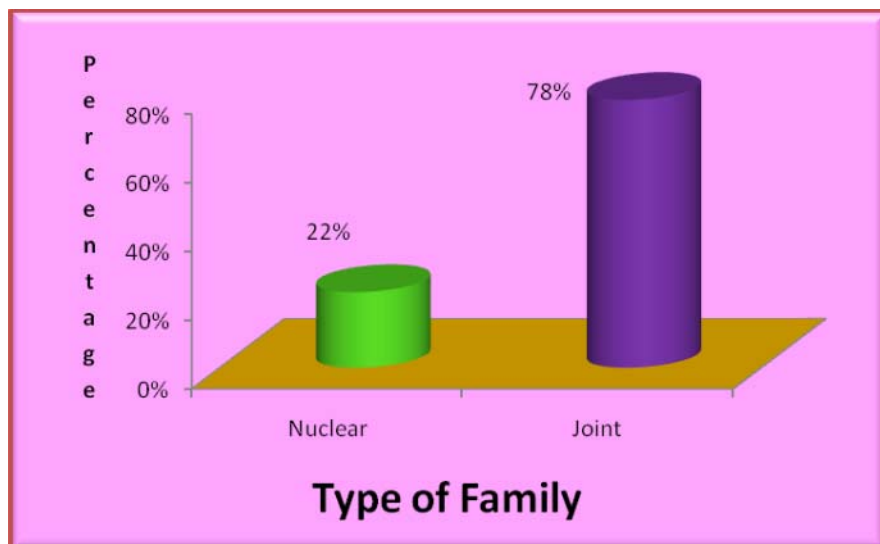


FIGURE-7; Percentage Distribution of samples according to Residence

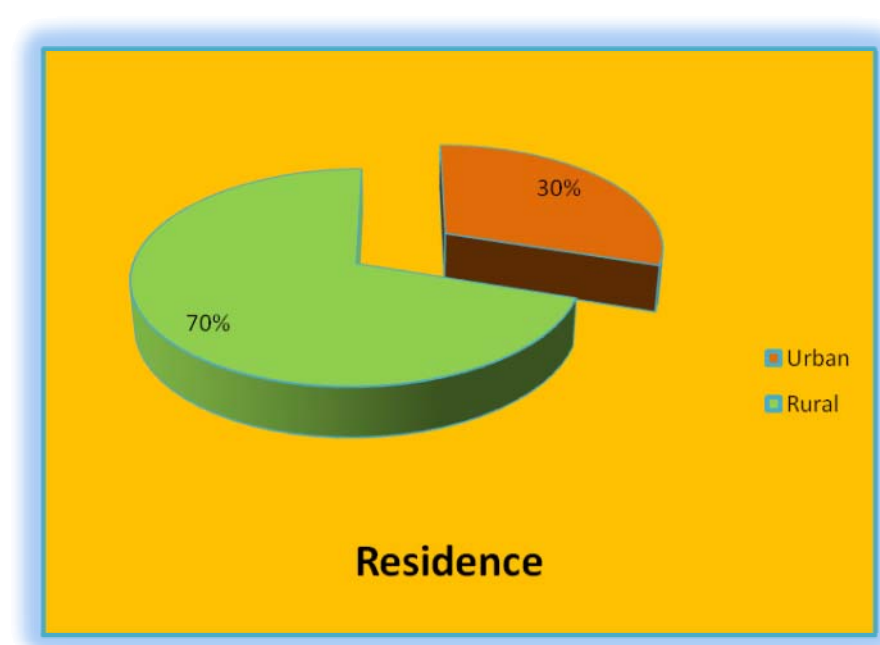
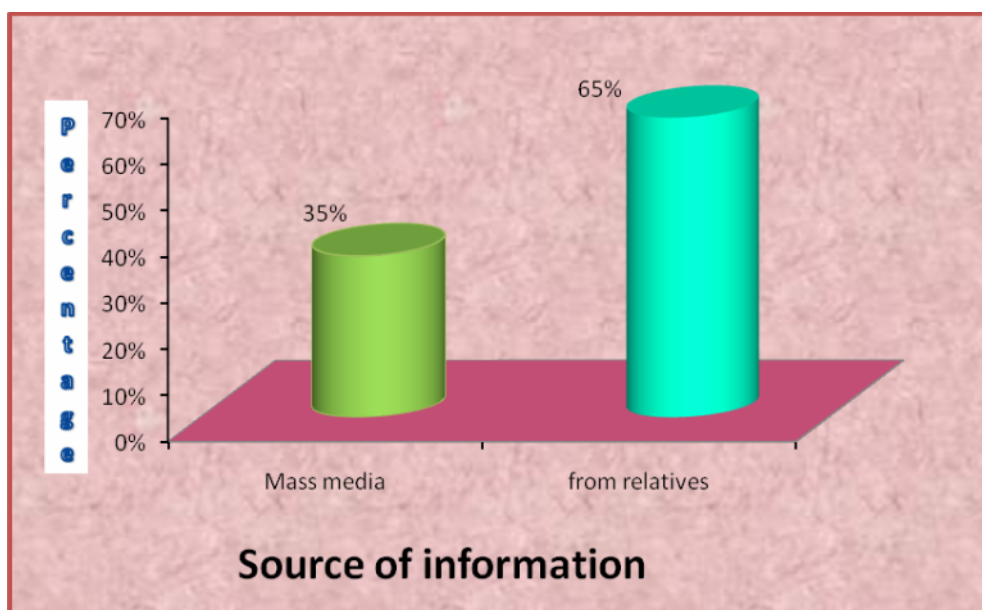


FIGURE 8 : Percentage Distribution of samples according to source of information



SECTION 2

This section deals with the practice of postoperative exercises among elective LSCS mothers

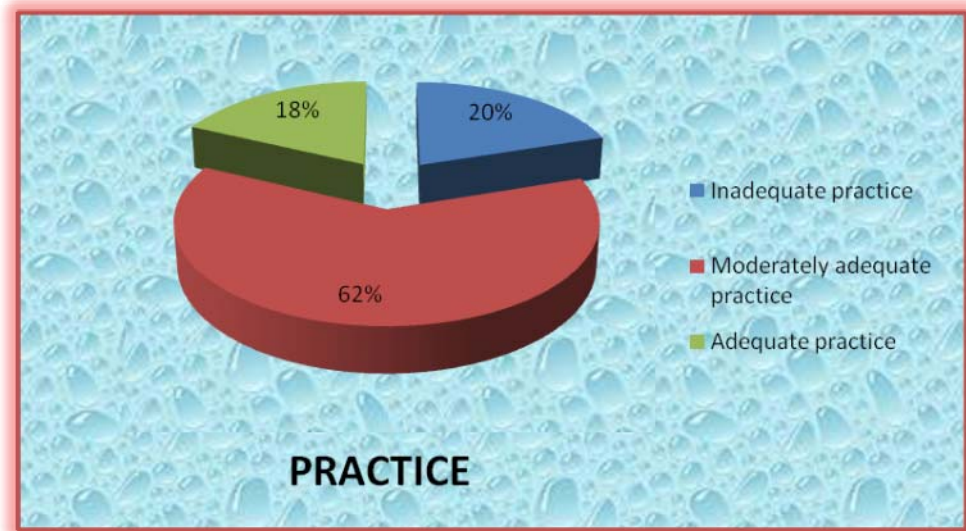
Table 2

Percentage distribution of samples according to practice score

Level of practice	Frequency	Percentage
Inadequate practice	12	20
Moderately adequate practice	37	62
Adequate practice	11	18

Table 2 shows distribution of practice score on postoperative exercises among elective LSCS mother. Result shows 11(18%) postoperative mothers had adequate practice, 37(62%) of them had moderately adequate practice and 12(20%) of them had inadequate practice.

Figure- 9: Percentage distribution of practice on postoperative exercises



SECTION 3

This section deals with the factors influencing non-compliance on postoperative exercises among elective LSCS mothers

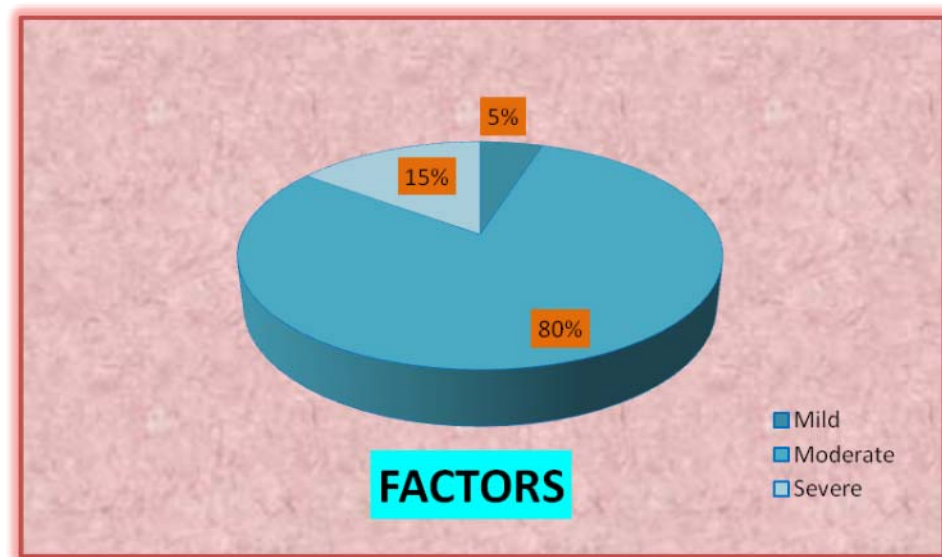
Table 3

Percentage distribution of factors influencing non-compliance on postoperative exercises among elective LSCS mothers

Factors	Frequency	Percentage
Un Favourable	9	15
Moderately favourable	48	80
Favourable	3	5

Table 3 shows that the factors influencing non-compliance on post operative exercises. Result shows 3(5%) had favourable factors, 48(80%) had moderately favourable factors and 9(15%) had unfavourable factors.

Figure-10 : Percentage distribution of factors influencing non – compliance on postoperative exercises



SECTION4

Relationship between practice and factors influencing non-compliance on postoperative exercises among elective LSCS mothers.

Table -4

Relationship between practice and factors influencing non-compliance on postoperative exercises

SI. No.	Variable	Co – efficient	Result
1	Practice	r = -.86	Negative Correlation
2	Factors		

Table- 4 shows the relation between practice and factors. Co – efficient correlation was used. The computed ‘r’ value is -.86. The negative correlation was found between Practice and factors. Hence it was interpreted that, when factors increases, the practice will be decreased and also it is significant.

SECTION 5

This section deals with the association between practice on postoperative exercises and selected demographic variables of elective LSCS mothers.

Table5

Association between the practice on postoperative exercises with Selected demographic variables

S. No	Demographic data	Practice level			Chi square
		Inadequate practice	Moderately adequate practice	Adequate practice	
1.	Age				3.97 ^s
	Less than 20 years	1	5	1	
	20-25 years	2	12	2	
	26-30 years	6	10	6	
	More than 30	3	10	2	
2.	Education				4.87 ^s
	Illiterate	2	6	0	
	School education	5	18	9	
	Graduate	5	13	2	
3.	Occupation				1.71 ^{NS}
	Working Mothers	4	11	1	
	Non Working Mothers	8	26	10	

4.	Parity				.94 ^{NS}
	Primi	5	10	3	
	Multi	7	27	8	
5.	Type of family				1.9 ^{NS}
	Nuclear	4	8	1	
	Joint	8	29	10	
6.	Residence				1.5 ^{NS}
	Urban	5	11	2	
	Rural	7	26	9	
7.	Source of information				.33 ^{NS}
	Mass media	5	12	4	
	Relatives	7	25	7	

S - Significant

NS - not significant

Table 5 shows that there was a significant association between level of practice and selected demographic variables like Age and Education. However, there was no significant association with other demographic variables like occupation, parity, type of family, residence and source of information on postoperative exercises.

Section6

This section deals with the association between factors influencing non-compliance on postoperative exercises and selected demographic variables among elective LSCS mothers.

Table 6

Association between the factors influencing non-compliance on postoperative exercises with selected demographic variables

S. No	Demographic data	Level of Factors			Chi square
		Favourable	Moderately favourable	Un favourable	
1	Age				5.07 ^s
	Less than 20 years	1	6	0	
	20-25 years	1	11	4	
	26-30 years	0	19	3	
	More than 30	1	12	2	
2.	Education				1.02 ^{NS}
	Illiterate	0	7	1	
	School education	2	26	4	
	Graduate	1	15	4	
3.	Occupation				1.15 ^{NS}
	Working Mothers	1	13	2	
	Non Working Mothers	2	35	7	

4.	Parity				4.16 ^{NS}
	Primi	0	17	1	
	Multi	3	31	8	
5.	Type of family				4.12 ^{NS}
	Nuclear	0	13	0	
	Joint	3	35	9	
6.	Residence				3.39 ^{NS}
	Urban	0	17	1	
	Rural	3	31	8	
7.	Source of information				2.62 ^{NS}
	Mass media	1	19	1	
	Relatives	2	29	8	

S - Significant

NS - not significant

Table 6 shows that there is a significant association between the factors influencing non-compliance on postoperative exercises and selected demographic variables like age. However, there was no significant association with other demographic variables like education, occupation, parity, type of family, residence and source of information on postoperative exercises.

CHAPTER-V

DISCUSSION

The preservation of health is a duty. Few seem conscious that there is such a thing as physical morality.

-Herbert Spencer

The aim of the study is to determine the effectiveness of Video teaching program on practice of postoperative exercises and the factors influencing non-compliance among elective LSCS mothers. A quantitative research approach was used to collect the data. The data were collected from sixty postoperative mothers from selected hospital at Madurai. A purposive sampling technique was used to select the samples. The data collection tools used were demographic profile, observational check list to assess the practice and structured questionnaire to findout the factors influencing non-compliance on postoperative exercises. The content validity and reliability was established for the entire tool. The pilot study was done on six postoperative mothers who met the sampling criteria.

The findings of the study have been discussed with the reference to the objective, the framework and hypotheses stated for the study.

The objectives of the study were

1. To determine the effectiveness of video teaching program on the practice of post operative exercises.
2. To find out the factors influencing non-compliance on postoperative exercises among elective LSCS mothers.

3. To relate the practice with factors influencing non-compliance on postoperative exercises among elective LSCS mother's.
4. To associate the practice of postoperative exercises with demographic variables such as age, education, occupation, parity, type of family, residence and source of information on postoperative exercises.
5. To associate the factors influencing non-compliance with demographic variables such as age, education, occupation, parity, type of family, residence and source of information on postoperative exercises.

1. To determine the effectiveness of video teaching program on the practice of postoperative exercises

The study result shows that 12(20%) had inadequate practice, 37(62%) had moderately adequate practice and 11(18%) had adequate practice.

During the data collection period, most of the mothers had enough interest and were motivated and encouraged by the investigator for doing exercise that resulted in adequate practice. However, due to anxiety and pain few of the mothers had inadequate practice.

By performed the exercises, the investigator found that, most of the mothers have enjoyed with leg and foot exercises, which can be performed easily and does not require privacy and some of the mothers were not interested in doing abdominal tightening and the pelvic tilting exercise, which should need privacy.

By considered the postoperative days the investigator found that, on the 5th postoperative day mothers have performed the postoperative exercises well when comparing to other two postoperative days.

The findings were supported by **Borello Frame et al (2007)** describe the teaching and practice of postnatal exercise before and after delivery. Among the women who were taught, 68% performed postnatal exercises after delivery and 63% still performing the exercises 6 months later delivery. Results revealed tremendous potential for the improvement of postoperative exercise education targeting at risk women in the peripartum period.

2. To find out the factors influencing non-compliance on post operative exercises among elective LSCS mothers

The study shows that the postoperative mothers 9(15%) had unfavourable, 48 (80%) had moderately favourable factors , 3(5%) had favourable factors.

The study findings congruent with the findings of **Godin.G. et al, 2008** factors that may influence a pregnant women's decision to exercise after giving birth. A sample of 98 pregnant women were asked to complete a questionnaire investigation attitudes, social norms, perceived barriers to exercise and intention regarding exercising after giving birth. Also determined were age, educational level, exercise habits and number of children. It is suggested that the experience of the postnatal period modifies the interrelation between the variables explaining intentions regarding exercise after giving birth.

During the data collection, the investigator found, most of the mothers commonly have the factors like pain and fatigue. Few mothers have the least factor like excessive bleeding. On the 5th

postoperative day mothers expressed their feelings like relieved from pain.

3. To relate the practice with factors influencing non-compliance on postoperative exercises among elective LSCS mothers

Table 4 shows that the relationship between the practice and factors influencing non-compliance on postoperative exercises indicate that there is an indirect correlation between practice and factors influencing non-compliance on postoperative exercises. The computed r value is -0.86. The indirect correlation was found between practice and factors influencing non-compliance on postoperative exercises. Hence the researcher accept the research hypothesis.

During the data collection period, few of the postoperative mothers have expressed their feelings like relief from pain, anxiety, fatigue and boredom after practicing the postoperative exercises and they clarified their doubts in practicing the exercises.

Many of the mothers were complaining about their anxiety and fatigue. Hence, the mothers were not able to perform the postoperative exercises effectively. Then the investigator again encouraged and motivated the mothers to do the exercises continuously. After 3 days mothers had expressed that they were relieved from pain and anxiety.

The researcher concluded that, if the factors increases the practice will be decreased. So the practice was based on the level of factors influencing non-compliance of the samples regarding postoperative exercises.

4. To associate the practice of post operative exercises with demographic variables such as age, education, occupation, parity, type of family, residence and source of information on postoperative exercises.

Table 5 shows the association between practice of postoperative exercises and the demographic variables. The result shows that calculated value greater than the tabulated value. So it is concluded that there is a significant association between the practice and demographic variables such as age ($\chi^2=3.97$, $p>2.447$) and education ($\chi^2=4.87$, $p>2.776$) on postoperative exercises. Hence the researcher accept the research hypothesis.

In this study, there is a significant association between the practice and the demographic variables such as age and education. Related to age most of the mothers were in the age group of 26 -30 years. Therefore, they may be aware of the practice of postoperative exercises. Related to education most of the mothers had school education and were graduated. Therefore, education is the very important weapon to change the practice towards health.

5. To associate the factors influencing non-compliance with demographic variables such as age, education, occupation, parity, type of family, residence and source of information on postoperative exercises.

Table 6 shows association between factors influencing non-compliance on postoperative exercises and the demographic variables. The result shows that calculated value greater than the tabulated value. So it is concluded that there is a significant association between the factors influencing non-compliance on post operative exercises and the demographic variables such as age ($\chi^2=5.07$, $p>2.447$). Hence the researcher accept the research hypothesis.

In this study there is a significant association between the practice and the demographic variables such as age. According to researcher point of view now a days most of the mothers in this age group (26-30 years) are either working or studying. So those mother will not get the time to do the exercises. Therefore the researcher concluded that as age advances, factors increases.

CHAPTER-VI

SUMMARY AND RECOMMENDATIONS

The human body is made up of some four hundred muscles; evolved through centuries of physical activity. Unless these are used, they will deteriorate

-Eugen Lyman Fisk

This chapter deals with the summary of the study and conclusions. It clarifies the implications for nursing practice and recommendations for further research in the field.

SUMMARY

The aim of the study is to determine effectiveness of video teaching program on practice of postoperative exercises and the factors influencing non-compliance among elective LSCS mothers in the selected hospital at Madurai.

A review of related literature enabled the researcher to develop the structured questionnaire, conceptual framework, methodology for the study. The conceptual framework adopted for this study was based on Von Bertalanffy general system model which focuses on assessing the existing level of practice and find out the factors influencing non-compliance on postoperative exercises. The researcher evaluates the result by the grading adequate, moderately adequate and inadequate for practice and the factors graded as favourable, moderately favourable and unfavourable and planned to repeat the video teaching program those who

are in inadequate and moderately adequate practice and moderately favourable and unfavourable factors.

The quantitative research approach was adopted to conduct a study. Pre experimental design was adopted to determine the effectiveness of video teaching program. Purposive sampling method was used for sampling method. The samples size consists of 60 antenatal mothers who are planned to undergo elective LSCS and those mothers have undergone elective LSCS. The sample size were 60 postoperative mothers were engaged on the basis of inclusion criteria. The data were collected in such a way to project the demographic variables also a structured questionnaire and observational check list were prepared by the investigator to evaluate the level of practice and find out the factors influencing non-compliance on postoperative exercises.

MAJOR FINDINGS OF THE STUDY

- Majority of 22(36%) postoperative mothers were between the age of 26 -30 years
- Most of 32(53%) postoperative mothers completed school education. Only 8(13%) were illiterate
- Only 16 (27%) postoperative mothers were employed others are house makers.
- Nearly 18(30%) of them were primi gravid. All others were multi gravid.
- Majority of postoperative mother 47(78%) belonged to joint family. All others belonged to nuclear family.

- Only 18(30%) have been living in urban area and 42 (70%) lived in rural area.
- More over 39(65%) of postoperative mothers got information on postoperative exercise through their relatives and 21(35%) from mass media.
- Level of practice was graded as adequate, moderately adequate and inadequate after video teaching program. Eleven(18%) had adequate practice 37(62%) had moderately adequate practice and 12(20%) had inadequate practice.
- Factors influencing non-compliance classified into favourable, moderately favourable and unfavourable after the video teaching program. Three(5%) had favourable factors, 48(80%) had moderately favourable factors and 9(15%) had unfavourable factors.
- When the factors increase, the level of practice will be decreased. The indirect correlation was found between Practice and factors. Hence it was interpreted that, when factors increase, the practice will be decreased

IMPLICATIONS

Postoperative exercises are one of the important measures among elective LSCS mothers to save the physical structure. In order to prepare the postoperative mothers for this event it is essential to know about importance of postoperative exercises. There is a need for health personnel to take active part in saving the physical structure of the mothers in postoperative period.

The findings of the study have implications in various areas of nursing and nursing practice, nursing education, nursing administration and nursing research.

IMPLICATION FOR NURSING PRACTICE

- ❖ Postoperative exercises should be a routine and insists the mothers to do postoperative exercises in the postnatal ward.
- ❖ Nurses should encourage the student nurses to give health education regarding postoperative exercises to the postoperative mothers
- ❖ It is the responsibility of the nurse to supervise the student nurses while teaching the postoperative exercises to the mothers.
- ❖ Group demonstration should be arranged in outpatient department and in the postoperative ward.
- ❖ Postoperative exercise displayed through T.V, DVD and posters, which should be readily available.
- ❖ Nurse could make the physiotherapist to come for the postoperative ward regularly.

IMPLICATIONS OF NURSING EDUCATION

- ♠ Nurse Educator could add the postoperative exercises in the procedure record and give a special attention.
- ♠ Nurse educator should emphasis on postoperative exercises in the nursing curriculum and insist the students to conduct mini project among postoperative mothers regarding postoperative exercises

IMPLICATION FOR NURSING ADMINISTRATION

- ☀ Policies can be made where the nurse plays an important role in the outpatient department such as giving health education and displaying educative posters. Each postoperative mother and relatives visiting the hospitals should receive some health information either on inpatient or outpatient basis.
- ☀ It is the responsibility of a nurse administrator to motivate the nursing personnel to participate and conduct health education programs on various aspect of health.
- ☀ Health information can be imparted through printed materials and pamphlets could be provided to mothers who can read & write. Small group teaching can be arranged for mothers who are illiterate.
- ☀ Nurse Administrator collaboratively work with the physiotherapist and teach the postoperative exercises in an effective way

IMPLICATIONS OF NURSING RESEARCH

- ☀ A time motion study of postoperative mothers, which may help to plan and pace their activities
- ☀ A qualitative study can be adopted to find out the practice and the factors influencing non-compliance on postoperative exercises among LSCS mothers.
- ☀ A longitudinal research would be helpful to find out the merits and demerits of postoperative exercises
- ☀ The newer methods of impacting health information will be effective if empirically tested.

RECOMMENDATIONS FOR FURTHER RESEARCH

Based on the study findings, it is recommended that

- A similar study can be conducted by using large samples for the purpose of the generalization.
- A study can be conducted among the same population before introducing the instructional module.
- A study can be conducted among medical and paramedical professionals to reveal the existing level of knowledge regarding postoperative exercise.
- A similar study can be conducted on knowledge, attitude and beliefs of postnatal exercises in relieving minor ailments in the postnatal period.

CONCLUSION

Learning postoperative exercise is the responsibility of each postoperative mothers. Since most of the problems occur due to lack of exercise and improper practice of postoperative exercise in the postoperative life-the most effective means of prevention is educating the mothers regarding postoperative exercises and their importance. The study result reveals that the planned video teaching regarding postoperative exercises are very effective in gaining knowledge, which will enable them apply the practice both in hospital and home.

Humanity plays an important role to render care with intuition; it should be a spontaneous tendency of every nurses. By educating the post operative mothers it is hoped that they will apply this practice throughout their postoperative period.

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APPENDIX-I

LETTER SEEKING PERMISSION TO CONDUCT A STUDY

To

Respected Sir/Madam,

Sub: Research Project work of Msc Nursing Student in selected hospital.

I am to state that Ms.Shiny Mary is one of our final year Msc Nursing student ,of Matha College of Nursing, Manamadurai has to conduct a research project as the partial fulfillment of University requirements for the degree of Master of science in Nursing.

THE STATEMENT OF THE PROBLEM IS:

“A study to determine the effectiveness of video teaching program on postoperative exercises and factors influencing non-compliance among elective LSCS mothers in the selected hospital at Madurai”.

We request you to kindly permit her to do the research in your esteemed institution and give your valuable guidance and suggestions.

Thanking you,

Place: Manamadurai,

Yours faithfully,

Date:

Prof. Shabera banu Msc (N)
Principal.

APPENDIX II
THE LETTER SEEKING EXPERTS OPINION FOR CONTENT
VALIDITY OF TOOL

From

Ms.Shiny Mary,
M.sc (Nursing) II year,
Matha college of Nursing,
Manamadurai.

To

Respected Madam/Sir,

SUB : Requesting experts opinion and suggestion for content validity of the tool.

I am Master Degree Nursing student in Matha college of Nursing Manamadurai. In partial fulfillment in Master |Degree in Nursing, I have selected the topic mentioned below for the research project to be submitted to the Dr.M.G.R Medical University Chennai.

PROBLEM STATEMENT

A study to determine the effectiveness of video teaching program on practice of postoperative exercises and factors influencing non-compliance among elective LSCS mothers in the selected hospital at Madurai.

I request you to kindly validate the tool and give your opinion and necessary modification. Also I would be very grateful if you could correct the problem statement and objectives.

ENCLOSURES:

- a) Statement of the problem
- b) Objectives
- c) Research Hypothesis
- D) Description of tool

Part 1: Demographic variables,
Part2:factors &practice questionnaire

Thanking you,

Place:Manamadurai
Date :

Yours sincerely,

(Ms.Shiny Mary.D)

APPENDIX-III
LIST OF EXPERTS

**DR.CHALICE RAJA,MS(OG),
INFANT JESUS HOSPITAL,
MADURAI,
TAMIL NADU.**

**DR.INDIRA,M.S(OG)
INFANT JESUS HOSPITAL,
MADURAI,
TAMILNADU.**

**PROF.MRS.VIJAYALAKSHMI,M.SC(N),
PRINCIPAL,
RAMACHANDRA NAIDU COLLEGE OF NURSING.,
TIRUNELVELI DIST.**

**PROF.MRS.JEBAMANI AUGUSTINE, M. SC (N),
DEAN, HOD MEDICAL SURGICAL DEPARTMENT,
MATHA COLLEGE OF NURSING,
MANAMADURAI.**

**PROF.MRS.HELEN RAJAMANICKAM,
HOD COMMUNITY HEALTH NURSING,
MATHA COLLEGE OF NURSING,
MANAMADURAI.**

**PROF.MRS. SHABERA BANU, M. SC (N),Ph.D
PRINCIPAL, HOD OBG NURSING,
MATHA COLLEGE OF NURSING,
MANAMADURAI.**

**PROF.MRS. KALAI GURU SELVI M. SC (N),
VICE PRINCIPAL, HOD PAEDIATRIC NURSING,
MATHA COLLEGE OF NURSING,
MANAMADURAI.**

APPENDIX - IV
DEMOGRAPHIC DATA

SECTION - I

MOTHER PROFILE :

Name

1. AGE

- a) Less than 20
- b) 20 to 25 years
- c) 26 to 30 years
- d) More than 30 years

2. EDUCATION

- a) Illiterate
- b) School education
- c) Graduate

3. OCCUPATION

- a) Working mother
- b) Non working mother

4. PARITY

- a) Primi
- b) Multi

5. TYPE OF FAMILY

- a) Nuclear
- b) Joint

6. RESIDENCE

- a) Urban
- b) Rural

7. SOURCE OF INFORMATION ON POST OPERATIVE EXERCISES

- a) Mass media
- b) From relatives

SECTION 2

Observational checklist on practice of postoperative exercises

Name of the mother :

Place of observation : Date of identify: Date of performance:

[illegible]

Section : 3

STRUCTURED QUESTIONNAIRE FOR THE FACTORS INFLUENCING NON-COMPLIANCE ON POST OPERATIVE EXERCISES

Read the following item carefully and complete the item by placing tick mark:

Name of the mother:

Date of performance:

S. No	Expected Problems	Score	Yes	No	Score obtained
1.	Do you experience pain?	1			
2.	Have you felt fatigue?	1			
3.	Are you feeling discomfort?	1			
4.	Are you expecting help from others?	1			
5.	Do you have excessive bleeding?	1			
6.	Are you feeling anxiety?	1			
7.	Don't you have an interest to do exercise?	1			
8.	Do you have numbness in the legs and hands?	1			
9.	Do you have any confusion with post operative exercises?	1			
10.	Do you feel boredom to do exercise?	1			

APPENDIX V

பகுதி -1 சமூக நல விபரம்

கீழே கொடுக்கப்பட்டவைகளை கவனமாக படித்து (✓) சரி என்று இடவும்

தாயின் விபரம்

பெயர்:

1.வயது

- அ) 20 வயதிற்கு உட்பட்டவர்
- ஆ) 20 முதல் 25
- இ) 26 முதல் 30
- ஈ) 30 வயதிற்கு மேற்பட்டவர்

2. கல்வித்தகுதி

- அ) படிக்காதவர்
- ஆ) பள்ளிப்படிப்பு
- இ) பட்டப்படிப்பு

3. தொழில்

- அ) வேலைக்கு செல்பவர்
- ஆ) வீட்டில் இருப்பவர்

4. குழந்தை பேறின் விபரம்

- அ) முதல் குழந்தை
- ஆ) ஒன்றுக்கு மேற்பட்ட குழந்தை

5. குடும்ப முறை

- அ) தனிக்குடும்பம்
- ஆ) கூட்டுக்குடும்பம்

6. இருப்பிடம்

- அ) கிராமம்
- ஆ) நகரம்

7. அறுவை சிகிச்சை பிரசவத்திற்கு பின் செய்ய வேண்டி உடற்பயிசிகளை பற்றிய குறிப்புகள் கிடைத்த இடங்கள்

- அ) வானொலி அல்லது தொலைக்காட்சி பெட்டி
- ஆ) உறவினர்கள் மூலம்

பகுதி - 3

அறுவை சிகிச்சை பிரசவத்திற்கு பின் உடற்பயிற்சி செய்யும் போது ஏற்படும் குழப்பங்களை பற்றிய கேள்விகள் உங்களிடமிருந்து சேகரிக்கப்படும் தகவல்கள் ஆராய்சிக்காக மட்டும் பயன்படுத்தப்படும் ஆகையால் வெளிப்படையாக விடையளிக்கவும்.

தாயாரின் பெயர் :

உடற்பயிற்சி செய்யும் நாள்:

வ. எண்.	எதிர்பார்க்கப்படும் குழப்பங்கள்	மதிப் பெண்கள்	ஆம்	இல்லை	பெற்ற மதிப்பெண்
1	நீங்கள் வலியை உணர்கிறீர்களா?	1			
2	உங்களுக்கு களைப்பு உள்ளதா?	1			
3	உங்கள் அமைதி குலைகின்றதா?	1			
4	உங்களுக்கு அடுத்தவரின் உதவி தேவைப்படுகிறதா?	1			
5	உங்களுக்கு அதிகமான இரத்தபோக்கு உள்ளதா?	1			
6	உங்களுக்கு பயமாக உள்ளதா?	1			
7	உங்களுக்கு உடற்பயிற்சிகளை செய்ய ஆர்வம் உள்ளதா?	1			
8	உங்களுக்கு கால் மற்றும் கையின் மரப்பு உள்ளதா?	1			
9	உங்களுக்கு அறுவைசிகிச்சை க்குபின் செய்யவேண்டிய உடற்பயிற்சியில் ஏதேனும் குழப்பம் உள்ளதா?	1			
10	உங்களுக்கு அறுவை சிகிச்சைக்கு பின் செய்யவேண்டிய உடற்பயிற்சியில் சலிப்பு உள்ளதா?	1			

APPENDIX-VI

SCORING KEY

Observational checklist

Done – 2

Partially done – 1

Not Done - 0

Scoring pattern

The score range from 0 -150

Low =mean –Sd

Medium =mean –Sd toMean+Sd

High = Mean +Sd

Scoring key for factors influencing non-compliance on postoperative exercises

QUESTION NO	SCORE
1.	1
2.	1
3.	1
4.	1
5.	1
6.	1
7.	1
8.	1
9.	1
10.	1

APPENDIX VII

SELF INSTRUCTIONAL MODULE ON POST OPERATIVE EXERCISES

Most women who have just given birth are extremely interested in regarding their non pregnant figures. Post partum exercises can begin soon after birth, although the women should be encouraged to start with simple exercise and gradually progress to more strenuous ones.

Definition

Post operative exercises refers to the position that postoperative mother adopt for exercise which stimulate the circulation and gives a feeling of wellbeing.

Purpose of post operative exercises

- Increased muscle tone, strength and endurance
- Decreased risk of blood clot and swelling
- Cure the surgical wound fastly
- Improve circulation
- Reduced fatigue
- Helps to regain the shape of the body
- It prevents back pain and urinary incontinence

Guidelines for performing postoperative exercises

- Stop exercising if bleeding increase of bright red blood appears
- Avoid exercises that raise the hips and pelvis above the chest
- Nursing mother should feed the infant before exercising to avoid discomfort
- Empty the bladder before exercising
- Post operative mothers can start the exercise at third post operative day

Types

1. Abdominal tightening

2. Pelvic tilting exercise
3. Pelvic floor exercise
4. Knee rolling exercise
5. Foot and leg exercise

Abdominal tightening exercise

- ❖ Sit comfortably or kneel on all four
- ❖ Breathe in and out
- ❖ Pull in the lower part of the abdomen below the umbilicus
- ❖ Hold breath for 10 seconds
- ❖ Repeat 10 times

Uses

1. Give support to the spinal cord
2. It prevents backache

Pelvic tilting exercise

- ❖ Lie well supported with pillows,
- ❖ knees bent and feet flat.
- ❖ Tighten the abdominals and buttocks and press the small of the back down on to the floor
- ❖ Breathe normally, hold for 4 seconds.
- ❖ Then relax. Repeat five times.

Uses

1. Helps to regain the shape of the body
2. Give strength to the abdominal muscles

Pelvic floor exercise

- ❖ Sit comfortable or half lie, leg slightly apart
- ❖ Slowly tighten the muscle of perineum
- ❖ Hold for as long as possible up to ten seconds
- ❖ Breath normally
- ❖ Then relax slowly

Uses

- 1.It prevents incontinence of urine
- 2.Give strength to the pelvic muscles

Knee rolling exercise

- ❖ Lie on back with right leg straight and left leg bent at the knee
- ❖ Keeping shoulders flat, slowly and smoothly roll left knee over to the right to touch the floor and then back to starting position
- ❖ Reverse position of legs
- ❖ Roll right knee over to the left to touch floor and return to starting position
- ❖ Repeat 10 times

Uses

- ✚ Give strength to the abdominal muscles
- ✚ Improve circulation in the lower legs

Foot and leg exercises

- ❖ Half lie, the leg supported
- ❖ Bent and stretched the ankles at least twelve times
- ❖ Rotate both feet at the right side at least twenty times

- ❖ Rotate both feet at the left side atleast twenty times.
- ❖ Then relax

Uses

1. Increase blood circulation
2. It reduce edema
3. Prevents thrombus formation in the blood vessels

APPENDIX VIII

அறுவைசிகிச்சை பிரசவத்திற்கு பின் செய்ய வேண்டிய உடற்பயிற்சிகள்

வரையறை:

அறுவை சிகிச்சை பிரசவத்திற்கு பிறகு உள்ள காலத்தில் பாதுகாப்பான முறையில் உடற்பயிற்சி தங்களை உட்படுத்திக் கொள்ளும் ஆசனங்கள்.

உடற்பயிற்சியின் முக்கியத்துவம்

- உடல் தசைகளுக்கு பலத்தையும் , சக்தியையும் தருகிறது.
- தேவையற்ற வீக்கத்தையும் , இரத்த கட்டையும் தவிர்க்கிறது.
- அறுவைசிகிச்சைப்புண் விரைவில் குணமாக உதவுகிறது.
- இரத்த ஓட்டத்தை அதிகரிக்கின்றது.
- களைப்பை மாற்றுகின்றது.
- உடலுக்கு நல்ல அமைப்பை தருகின்றது.
- முதுகுவலி மற்றும் தன்னடக்கமில்லாமல் சிறுநீர் வெளியேறுவதையும் தடுக்கிறது.

உடற்பயிற்சியின் போது கையாள வேண்டிய விதிமுறைகள்

- * இரத்த போக்கு அதிகமாக இருந்தால் உடற்பயிற்சி செய்வதை நிறுத்திவிடவேண்டும்.
- * பால் கொடுக்கும் தாய்மார்கள் தங்கள் குழந்தைகளுக்கு பால் கொடுத்தபின் இந்த உடற்பயிற்சியை மேற்கொள்ளலாம்.
- * சிறுநீர் கழித்த பின்பு தான் உடற்பயிற்சி செய்ய வேண்டும்.
- * அறுவைசிகிச்சை பிரசவத்தை தொடர்ந்த மூன்றாம் நாளிலிருந்து இந்த உடற்பயிற்சியை செய்ய தொடங்கலாம்.

பிரசவத்திற்கு பின் செய்ய வேண்டிய உடற்பயிற்சியின் வகைகள்

1. வயிற்றை இறுக்கும் உடற்பயிற்சி
2. இடுப்பு எலும்பு திருப்பும் உடற்பயிற்சி
3. இடுப்பு எலும்பு தளர்ச்சி உடற்பயிற்சி
4. முழங்கால் சுழற்றும் உடற்பயிற்சி
5. பாதம் மற்றும் கால் உடற்பயிற்சி

1. வயிற்றை இறுக்கும் உடற்பயிற்சி

- ❖ நன்றாக அமரவும் அல்லது கால்களை முட்டியிட்டு கையை தரையில் ஊன்றிய நிலையில் இருந்தும் செய்யலாம்.
- ❖ மூச்சை உள்ளிழுத்து வெளியே விடவும்
- ❖ அடிவயிற்று பகுதியை உள்ளிழுக்கவும்
- ❖ இதை பத்து நொடிகளுக்கு பிடித்து வைக்கவும்
- ❖ இந்த உடற்பயிற்சியை 10 முறை செய்யவும்

நன்மைகள்:

- இந்த உடற்பயிற்சியை செய்வதன் மூலம் தண்டவடத்திற்கு சக்தி கிடைக்கிறது.
- முதுகுவலி பிற்காலத்தில் வருவதை தடுக்கின்றது.

2. இடுப்பு எலும்பு திருப்பும் உடற்பயிற்சி

- ✚ மல்லாக்க படுத்து தலையணையை தலையில் வைக்க வேண்டும்.
- ✚ முட்டிகளை மடக்கி பாதங்கள் இரண்டையும் தரையில் நேராக வைக்கவும்.
- ✚ மூச்சை உள்ளிழுத்து வெளியிடவும்.
- ✚ வயிற்றுத் தசையையும், இடுப்பு தசையையும் அழுத்தி முதுகின் அடிப்பாகத்தை படுக்கையில் நேராக வைக்கவும்.
- ✚ இந்த உடற்பயிற்சியை 10 முறை செய்யவும்.

நன்மைகள்:

- உடலுக்கு நல்ல அமைப்பை தருகிறது.
- வயிற்றுப்பகுதியிலுள்ள தசைகளுக்கு வலிமையை கொடுக்கிறது.

3. இடுப்பு எலும்பு தளர்ச்சி உடற்பயிற்சி

- முதலில் நன்றாக அமரவும்.
- பிறகு கணுக்கால்களை குறுக்கும் நெடுக்குமாக வைக்கவும்.
- பிறப்புறுப்பு தசையை இறுக்கி அதை பத்த நொடிகளுக்கு இயன்றவரை வைக்கவும்.
- பின்னர் இயல்பாக சுவாசிக்கவும்.
- எல்லா
- தசைகளையும் இயல்பு நிலைக்கு கொண்டு வரவும்.

நன்மைகள்:

- தன்னடக்கமில்லாமல் சிறுநீர் வெளியேறுவது தடைபடுகிறது.
- இடுப்பு பகுதி தசைகளுக்கு வலிமையை தருகின்றது.

4. முழங்கால் சுழற்றும் உடற்பயிற்சி:

- ✿ முதலில் மல்லாக்க படுக்க வேண்டும்.
- ✿ இடதுகாலை நேராக வைத்து வலது கால் முட்டியை மடக்கி வைக்கவும்.
- ✿ வலது கால் முட்டியை சுழற்றி இடது பக்கம் உள்ள தரையில் தொடுமாறு செய்யவும். இதை பத்து நொடிகளுக்கு வைத்திருக்கவும்.
- ✿ இதே போன்று வலது காலை நேராக வைத்து, இடது முட்டியை மடக்கி வைத்து , பின்னர் இடது முட்டியை வலது பக்கம் உள்ள தரையில் தொடுமாறு செய்யவும்.
- ✿ இதை 10 நொடிகளுக்கு வைத்திருக்கவும்.

நன்மைகள் :

- வயிற்றுபகுதியிலுள்ள தசைக்கு வலிமையை தருகிறது.
- காலில் உள்ள இரத்த குழாயில் இரத்த ஓட்டம் சீராக நடக்க உதவுகிறது.

5. பாதம் மற்றும் கால் உடற்பயிற்சி

- ✓ கால்களை துணையாக கொண்ட இருக்க வேண்டும் அல்லது படுத்தும் இந்த உடற்பயிற்சியை செய்யலாம்.
- ✓ கணுக்காலை மடக்கி பின்னர் இழுத்து பிடிக்கவும். அதை 10 முறை செய்யவும்.
- ✓ இரண்டு பாதங்களையும் குறைந்தது 20 முறையாவது வலது பக்கம் சுழற்றவும்.
- ✓ இதேபோல் இடது பக்கமாக சுழற்றவும்.

நன்மைகள்:

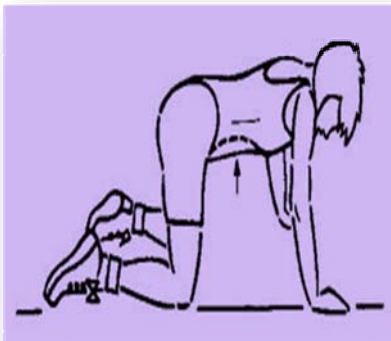
- ☆ இரத்த ஓட்டம் அதிகமாகிறது.
- ☆ தேவையற்ற வீக்கத்தை குறைக்கின்றது.
- ☆ இரத்த குழாயில் இரத்த கட்டு வருவதை தடுக்கின்றது.

APPENDIX IX

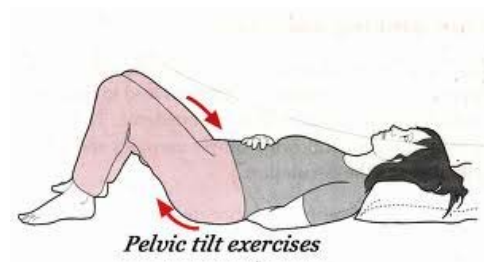
POST OPERATIVE EXERCISES



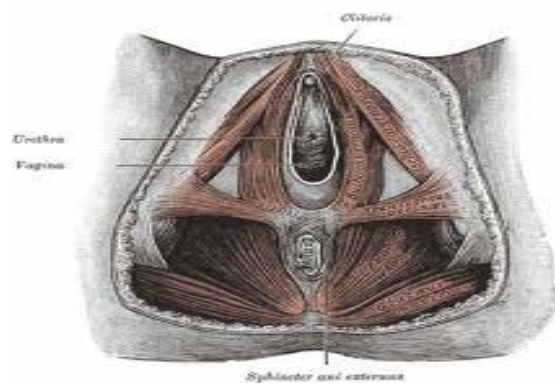
ABDOMINAL TIGHTENING EXERCISE



PELVIC TILTING EXERCISE



PELVIC FLOOR EXERCISE



KNEE ROLLING EXERCISE



FOOT AND LEG EXERCISES

